

# New Community Water System Checklist

Water system name: \_\_\_\_\_

Water system Number: \_\_\_\_\_

Name of Staff reviewing: \_\_\_\_\_

Please check all boxes that have met required TMF criteria during the permit review process.

**Mandatory:** Must be done prior to issuance of permit.

**Technical;**

- ☐ System Description
- ☐ Source Capacity Assessment
- ☐ Technical Evaluation - Consolidation Feasibility

**Managerial;**

- ☐ Ownership
- ☐ Organization
- ☐ Water rights
- ☐ Planning

**Financial;**

- ☐ Budget Projection
- ☐ Capital Improvement Plan

**Necessary:** To be done in a specified time frame (compliance schedule), or can be a permit condition.

**Technical;**

- ☐ Technical Evaluation; 2-5
- ☐ Operations Plans
- ☐ Certified/Qualified Operators
- ☐ Training

**Managerial;**

- ☐ Emergency/Disaster Response Plans

**Financial;**

- ☐ Reserves
- ☐ Budget Control

Comments: (please comment on any subject box not checked) \_\_\_\_\_

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